





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

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Serial No.: 08/468,538

Group No.:3407

Filed: June 6, 1995

Examiner: John C. Fox

For: REVERSING VALVE AND METHOD

Docket No.: 12-966D1

Assistant Commissioner for Patents Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.											
		STATUS									
2.	Applicant is	Applicant is									
	a small entity verified sta	tement:									
	attached.										
	already f	iled.									
	xx other than a small entity.										
	CERTIFICA	TE OF MAILING (37 CFR 1.8a)									
the U		referred to as being attached or enclosed) is being deposited with hown below with sufficient postage as first class mail in an envelope Patents, Washington, D.C. 20231.									
		Ellen M. Grzelak									
		(Type or print name of person mailing paper)									
Date:	Movember 22, 1995	Jeller m Brulak									
		(Signature of person maining paper)									

EXTENSION OF TERM

3.	The prod	ceedings	herein are	for a	pater	it app	lication and	the p	rovision	of 37C	FR 1.	.136 appl	y.
•				(co	mplet	e (a)	or (b) as ap	plicab	le)				
	(a) Applicant petitions for an extension of time for the total number of months checked below:								hs checked				
			Extensio				Fee for o		han			Fee for small en	tity
			one more two more three more four more	iths onths			\$ 110.00 380.00 900.00 1,400.00					\$ 55.00 190.00 450.00 700.00))
										Fee	\$	110	0.00
	If an add	ditional e	xtension o	f time	is rec	quired	l please con	sider t	his a pe	tition the	erefor		
			(che	ck and	l com	plete	the next ite	m, if a	pplicabl	e)			
	An extension for months has already been secured and the fee paid therefor of \$ is deducted from the total fee due for the total months of extension now requested.												
			Extensio	n fee o	due w	ith th	is request	\$_					
							OR						
	(b)	_xx	petition	is bein	g mac	ie to	extension of provide for petition for	the po	ossibility	that app			
					F	ee f	OR CLAIM	S					
4.	The fee	for claim	s has beer	n calcu	lated	as she	own below:						
	(Col. 1)			(Col.	2)		(Col. 3)		Sma	l Entity		Other th Small Er	
	Claims R After An		_	Highe Previo	ously) .	Present EXTRA	Rate	Addi Fee	t.		Rate	Addit. Fee
TOTAL	.8		MINUS	*	20	=	х	11	= \$		x	22 =	\$
INDEP.	2		MINUS	**	3	=	х	39	= \$		х	78 =	\$
Fir	st Presentation	n of Multiple	Dep. Claim	, .			х	125	= \$		х	250 =	\$
		*						Total	\$		or	Total	\$

- If the Highest No. Previously Paid for in this space is less than 20, enter "20". If the Highest No. Previously Paid for in this space is less than 3, enter "3".



	<i>3</i> ·		
(c)	<u>xx</u>	No additional fee is requir	red .
			OR
(d)		Total additional fee requir	red \$
			FEE PAYMENT
5.		Attached is a check in the Charge Account No. 23-00 A duplicate of the	
			Fee Deficiency
6.	<u>xx</u>	If any additional extension Account No. <u>23-0630</u>	and/or fee is required, this is the request therefor and to charge
			And/Or
	xx	If any additional fee for cl	aims is required, charge Account No. 23-0630.
Reg. 1	No.: 23,	078	Signature of Artorney
		16) 623-0775	Linn J. Raney
Fax N	No.: (2	16) 241-8151	Type or Print Name of Attorney

WATTS, HOFFMANN, FISHER & HEINKE P.O. Box 99839 Cleveland, OH 44199-0839